

NOTICE OF CONTRACTING OPPORTUNITY AND
APPLICATION FOR NAVY CONTRACT POSITIONS
NEURORADIOLOGIST
JUNE 15, 2001

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATION IS 3:00 PM EST ON OR BEFORE JUNE 29, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
CODE 02, Ms. Kathyann Guertin
1681 Nelson Street
FORT DETRICK, FREDERICK, MD 21702-9203
PH: 301-619-2464

A. NOTICE. This position is set aside for an individual Neuroradiologist. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and has completed a Residency program in Radiology and a Fellowship in Neuroradiology approved by the American Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Neuroradiologist providing care and services to inpatients and outpatients for the Radiology department located in the Naval Medical Center Portsmouth, VA.

You shall normally provide services Monday through Friday for an 8.5 hour shift (to include an uncompensated .5 hour for lunch) from either 0800 to 1630 (8 A.M. to 4:30 P.M.) or from 1500 to 2330 (3 P.M. to 11:30 P.M.). You shall also provide weekend services from 0800 to 1630 (8 A.M. to 4:30 P.M.). Your normal duty hours shall not exceed 160 hours per 4-week period. You shall not be required to provide services on the following 10 Federal holidays: New Year's Day, Martin Luther King's birthday, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day, with the exception of providing on-call services which may occur on a holiday. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a Neuroradiologist.

Additionally, you shall equitably share regular radiology and neuroradiology call coverage with other departmental radiologists and neuroradiologists. These services shall include performance or direct supervision of emergent diagnostic and therapeutic interventional radiologic and neuroradiologic procedures. On-call services begin at the end of the normal workday (either 1630 hours or 2300 hours, as applicable) during the workweek, and shall continue until commencement of the following workday (0800 hours). Weekend coverage begins at the close of the workday Friday until commencement of the workday Monday, unless the weekend incorporates a holiday on Monday or Friday. In case of a three-day weekend of this type, call coverage will extend from close of the preceding workday until the beginning of the first following workday. For general radiology call, you shall not exceed 62 hours per 4-week period. For neuroradiologist call, you shall be available and stand on-call duties for one week at a time. Historical data indicates that the on-call physician responds on an average of 3-4 calls per on-call week. Responses to calls requiring that the on-call physician be physically present in the medical facility occur on an average of less than one occasion per on-call week. This historical data is provided for information purposes only. The on-call schedule will be provided one month in advance.

For the provision of on-call services, you will be assigned a cellular phone or a beeper and a laptop computer (or equivalent), furnished by the Government. You are responsible for replacement costs if the beeper, cell phone, or laptop computer is lost or damaged through negligence. If paged, you shall respond by telephone within 30 minutes to the MTF. Depending upon the nature of the on-call request, you will either be required to

report to the MTF, or stand-by at home to receive, interpret, and report on radiographic images transmitted via laptop computer.

You shall accrue ten (10) hours of paid (e.g., vacation and sick leave) for every 80-hour period worked. Additionally, you shall be allotted 10 days annually for professional training (e. g., attendance at CME's). All costs associated with professional training (CME's) shall be borne by the contractor. Any changes in the schedule, including time off for attendance at professional training, shall be coordinated between you and the Government with prior notification to the Department Head or his/her authorized representative. The Government will adjust your schedule accordingly.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commander" means Commanding Officer, Naval Medical Center, Portsmouth, VA, or designated representative, e.g., Technical Liaison or Department Head.

B. THE NEURORADIOLOGIST AS A PERSONAL SERVANT. The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing direct medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term "supervision and control" is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that this personal service contract create an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. **You are not required to maintain medical liability insurance.**

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Neuroradiologist services for inpatients and outpatients in support of the Radiology department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Routine radiographic studies including the chest, abdomen, extremities, head and neck.
2. Special radiographic studies including fluoroscopic procedures (barium swallow, upper gastrointestinal studies, small bowel follow through, etc.); radiographic procedures of the genitourinary tract, and musculoskeletal system.
3. Performing and interpreting myelograms of the lumbar and thoracic spine using fluoroscopic guidance.
4. Supervising performance and interpreting the results of screening, indicated, or diagnostic mammograms, including needle localization of any masses found.
5. Perform and/or interpret a wide variety of ultrasound procedures on patients according to established protocols.
6. Perform and interpret all types of studies acquired by computed tomography (CT) or magnetic resonance imaging (MRI).
7. Perform and interpret all types of angiographic procedures associated with neuroradiology.
8. Perform and interpret all types of nuclear medicine studies.
9. While providing on-call services, receive transmissions of radiographic images via Government furnished equipment at a remote location from the MTF, make interpretation(s), and notify MTF of findings. Provide urgent

or emergent neuroradiologist services including expert neuroradiologic consultation for the general diagnostic radiologists on call and provide neuroangiography services on call.

10. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
11. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
12. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
13. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
14. Participate in peer review and performance improvement activities.
15. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
16. Provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) or radiology residents assigned to you during the performance of duties.
17. Maintain an awareness of responsibility and accountability for own professional practice.
18. Participate in continuing education to meet own professional growth.
19. Participate in the provision of in-service training to clinic staff members.
20. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.
21. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
22. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.
23. Perform limited administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.
24. Participate in departmental duties including developing CT and MRI scanning protocols and advanced imaging equipment procurement and evaluation.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Graduated from a residency training program in Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.

3. Completed a fellowship in Neuroradiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
5. Have documentation of current Drug Enforcement Agency number .
6. Possess current certification in Basic Life Support (BLS).
7. Have at least 12 months experience within the preceding 36 months as a Radiologist in a setting of similar size and complexity.
8. Be eligible for U.S. employment.
9. Provide three letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor and one letter must be from either a clinic or hospital administrator or practicing physician. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
10. Represent an acceptable malpractice risk to the Navy.
11. Submit a fair and reasonable price which has been accepted by the Government.
12. Credentials and Privileging. Upon award, you shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://navymedicine.med.navy.mil/instructions/external/external.htm> (and scroll down to Instruction 6320.66C and its Appendices (A through S)). If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Board certification in Radiology.
2. Certificate of Added Qualifications in Neuroradiology.
3. The letters of recommendation required in item D.9, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
4. Academic or research experience including basic or applied research and publications and adjunct academic appointments. Interventional neuroradiology experience.

5. Total Continuing Education hours.
6. Candidates with medical experience in a DOD facility may receive a higher ranking.
7. Fluency in other languages typically found in local client population (e.g. Spanish, Korean, French, etc.)

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
2. _____ A completed Pricing Sheet (Attachment 2)
3. _____ Two copies of employment eligibility documentation per Attachment 3
4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
5. _____ A completed Small Business Program Representations Form (Attachment 5)
6. _____ Three letters of recommendations per paragraph D.9. above.

G. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid.

You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Kathyann Guertin who may be reached at (301) 619-2464 or via e-mail kguertin@us.med.navy.mil.

III. REGULATORY COMPLIANCE REQUIREMENTS

A. HEALTH EXAMINATION

1. The health care workers shall obtain, at contractor expense, a statement from the health care worker's physician or a report of a physical examination within 60 days prior to contract start indicating that the health care worker is free from mental or physical impairments which would restrict the health care worker from providing the services described herein. Health care workers hired after contract start shall be required to provide a physical exam statement or report obtained within 60 days prior to performance of services. The statement must contain the following information: "Having performed a physical examination on the person named below on (insert date), the following findings are true and accurate:

a. (Name of health care worker) is suffering from no physical disability that restricts them from providing services as a (specialty).

b. (Name of health care worker) is not suffering from sexually transmitted or other contagious diseases that restricts them from providing services as a (specialty).

c. (Name of health care worker) has (circle the applicable number):

(1) Received at least three doses of recombinant hepatitis B vaccine currently licensed in the United States, or,

(2) Received an initial dose of the hepatitis B vaccine. The vaccine series shall be completed within 6 months of the employee start date, or,

(3) Provided documentation of the health care worker's waiver which declines the hepatitis B vaccine as set forth in OSHA guidelines (declination on the basis of religious conviction or medical contraindication only), or,

(4) Provided evidence of immunologically effective anti-HB levels in lieu of proof of recombinant hepatitis B vaccines. Assays must be performed in a laboratory accredited by the American Society of Clinical Pathologists (ASCP) and/or the College of American Pathologists (CAP).

d. (Name of health care worker) shows immunity to Measles, Mumps and Rubella (MMR); varicella immune status; and a current PPD reading or evaluation as specified in Paragraph A.4."

_____ (signed)

Examining Physician

Examining Physician Information:

Name:

Address:

Telephone:

2. Except as provided in Paragraph A.3., below, no medical tests or procedures required by the contract may be performed by the MTF. Expenses for all required tests and/or procedures shall be borne by the contractor at no additional expense to the Government.

3. Further, the health care worker shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commander may deem necessary for preventive medicine, quality assurance, or privileging purposes. These examinations will be provided by the Government. If the contractor chooses, these examinations may be provided by a private physician or dentist at no expense to the Government. Additionally the health care worker must be immunized annually with the influenza vaccine in accordance with the BUMED instruction currently in effect. This vaccine will be provided by the Government. Although this vaccine will be provided by the Government, it may be obtained at other facilities with the cost being borne by the health care worker. Unless vaccinated by the Government, the health care worker shall be required to show proof of the vaccination. If, the health care worker chooses to be immunized by the Government they shall be required to sign a waiver in accordance with MTF rules and regulations. If the health care worker declines the immunization, they must provide documentation of the waiver which declines the influenza vaccine (declination on the basis of religious convictions or medical contraindications only).

4. Prior to the commencement of performance under this contract, the Technical Liaison shall direct the health care worker to in-process through standard facility procedures. Health care workers who have patient contact must show immunity to Measles, Mumps and Rubella (MMR) through: Serological testing which shows sero-positivity to MMR or proof of vaccination (persons born prior to 1957 must have received one dose of MMR vaccine: persons

born in 1957 or later must have received two doses of MMR vaccine). The health care worker shall provide evidence of varicella immune status or a statement of history of chicken pox. Additionally, health care workers must provide a current Purified Protein Derivative (PPD) reading, or evaluation if known PPD reactor, on an annual basis. The contractor is responsible for any expenses incurred for required testing.

5. The health care worker shall participate in the Command's Bloodborne Pathogen Program orientation as scheduled by the Senior Medical Department Representative. The health care worker shall also participate in annual training and training for new procedures with the potential for occupational exposure to bloodborne pathogens.

6. Management of HIV positive health care worker shall be consistent with current Centers for Disease Control (CDC) guidelines and Section 503 of the Rehabilitation Act (29 U.S.C Section 793) and its implementing regulations (41 CFR Part 60-741).

7. The health care worker shall comply with the CDC's "Universal Precautions" for prevention of the transmission of HIV during all invasive procedures.

8. The health care worker shall become acquainted with and obey all station regulations, shall perform in a manner to preclude the waste of utilities, and shall not use Government telephones for personal business. All motor vehicles operated on these installations by the health care worker shall be registered with the base security service according to applicable directives. Eating by the health care worker is prohibited in patient care areas and is restricted to designated areas. Smoking is prohibited in all clinic facilities.

9. All financial, statistical, personnel, and technical data which is furnished, produced or otherwise available to the contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data shall not be released by the contractor without prior written consent of the Technical Liaison. Any presentation of any statistical or analytical materials, or any reports based on information obtained from studies covered by this contract, will be subject to review and approval by the Technical Liaison before publication or dissemination.

10. The Secretary of the Navy has determined that the illegal possession or use of drugs and paraphernalia in a military setting contributes directly to military drug abuse and undermines Command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy (including the Marine Corps) is to deter and detect drug offenses on military installations and its outlying facilities. Measures to be taken to identify drug offenses on military installations, and to prevent introduction of illegal drugs and paraphernalia, include routine random inspection of vehicles while entering or leaving with drug detection dogs when available, and random inspection of personal possessions on entry or exit. If there is probable cause to believe that a health care worker has been engaged in use, possession, or trafficking of drugs, the health care worker may be detained for a limited period of time until he or she can be removed from the installation or turned over to local law enforcement personnel having jurisdiction. When illegal drugs are discovered in the course of an inspection or search of a vehicle operated by a health care worker, the health care worker and vehicle may be detained for a reasonable period of time necessary to surrender the individual and vehicle to appropriate civil law enforcement personnel. Action may be taken to suspend, revoke, or deny installation driving privileges. Implicit with the acceptance of this contract is the agreement by the health care worker to comply with all Federal and State laws as well as regulations issued by the Commander of the military installation concerning illegal drugs and paraphernalia.

B. CRIME CONTROL ACT OF 1990 REQUIREMENT:

1. Section 21 of the Crime Control Act of 1990, 42 U.S.C. 13041, as amended by section 1094 of Public Law 102-190, requires every facility operated by the Federal Government (or operated under contract with the Federal Government) that hires (or contracts to hire) individuals involved in the provision of child care services to assure that all existing and newly-hired employees undergo a criminal background check. The term "child care services" is defined to include health and mental health care.

2. The Government will conduct criminal background checks on all contractor employees providing child care services under this contract based on fingerprints of contractor employees obtained by a Government law

enforcement officer and inquiries conducted through the Federal Bureau of Investigation (FBI) and State criminal history repositories.

3. Within 30 days after contract award, the contractor and all contractor employees shall provide all reasonable and necessary assistance to the Government, including compliance with the employment application requirements set forth in 42 U.S.C. 13041(d). Upon receipt of the results of a background check, the contractor further agrees to undertake a personnel action in accordance with 42 U.S.C. 13041(c), when appropriate.

4. With written recommendation from the Commander and the approval one level above the Contracting Officer, a contractor employee may be permitted to perform work under this contract prior to the completion of a background check, provided the employee is within sight and continuous supervision of an individual with a successful background check.

ATTACHMENT I

PERSONAL QUALIFICATIONS SHEET – NEURORADIOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. **In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item XI. of this Sheet.**

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:

a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

| | | |
|--|------------|-----------|
| 5. <u>Practice Information:</u> | <u>Yes</u> | <u>No</u> |
| 1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

| | |
|-------------|------------------|
| _____ | _____ (mm/dd/yy) |
| (Signature) | (Date) |

I. General Information

Name: _____ SSN: _____
 Last First Middle

Date of Birth: _____

Address: _____

Phone: (____) _____

Medical Information

YES NO

1. Do you have any physical or mental impairment that could limit your clinical practice?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy or treatment?

4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition?

5. Have you ever been unlawfully involved in the use of controlled substances?

II. Professional Education

A. Medical School (Section D, Item 1)::

a. Name of Accredited School:

Date of Training
(From) (To)

b. Type of Degree: _____

c. ECFMG Certification: _____

d. Location and Address of School:

B. Residency Training (Section D, Item 2):

a. Name of Accredited School:

b. Residency (Specialty):

Date of Training
(From) (To)

c. Location and Address of School:

C. Fellowship Training (in Neuroradiology) (Section D, Item 3):

III. Board Certification (Factor for Award):

Specialty

Date of Certification (mm/dd/yy)

IV. Certificate of Added Qualifications in Neuroradiology (Factor for Award):

_____ (Date)

V. Professional Licensure (License must be current, valid, and unrestricted) (Section D, Item 4):

_____ (State)

Date of Expiration: _____ (mm/dd/yy)

_____ (State)

Date of Expiration: _____ (mm/dd/yy)

_____ (State)

Date of Expiration: _____ (mm/dd/yy)

VI. DEA Certification (Section D, Item 5):

_____ (State)

Date of Expiration: _____ (mm/dd/yy)

_____ DEA Number

VII. Medical Certification: This should include BLS, etc. (Section D, Item 6).

Type of Certification and Date of Certification or Expiration : _____

VIII. Professional Employment (Section D, Item 7 and Factor for Award): List your current and preceding employers. Provide dates as month/year.

| <u>Name and Address of Present Employer</u> | <u>From</u> | <u>To</u> |
|---|-------------|-----------|
| (1) _____ | | |
| _____ | | |
| _____ | | |
| | <u>From</u> | <u>To</u> |
| (2) _____ | | |
| _____ | | |
| _____ | | |
| | <u>From</u> | <u>To</u> |
| (3) _____ | | |
| _____ | | |
| _____ | | |

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position? _____

When does the contract expire? _____

IX. Continuing Education (Factor for Award):

| Title of Course | From | To | CE Hours |
|-----------------|------|----|----------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

X. Employment Eligibility (Section D, Item 8 – Circle one):

Do you meet the requirements for U.S. Employment Eligibility contained in Section V? YES NO

XI. Professional References (Section D, Item 9 and Factor for Award)

Provide three letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor and one letter must be from either a clinic or hospital administrator or practicing physician. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

XII. Specialized experience in Neuroradiology (to include academic, research, or interventional experience) (Factor for Award):

XIII. Fluency in other languages (e.g., Korean, Spanish, etc) (Factor for Award):

XIV. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XV. I hereby certify the above information to be true and accurate:

(Signature)

_____(mm/dd/yy)
(Date)

PRICING SHEET**PERIOD OF PERFORMANCE**

Services are required from 01 Oct 2001 through 30 September 2002. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date. Services may also be extended by exercise of Option Periods.

PRICING INFORMATION

- (a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option period. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Neuroradiologists in the Portsmouth, VA area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.
- (b) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.
- (c) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S. C. 1090.

(d) Price Proposal:

| <u>Line Item</u> | <u>Description</u> | <u>Quantity</u> | <u>Unit</u> | <u>Unit Price</u> | <u>Total Amount</u> |
|------------------|--|-----------------|-------------|-------------------|---------------------|
| 0001 | The offeror agrees to perform, on behalf of the Government, the duties of one Neuroradiologist at the Navy Medical Center, Portsmouth, VA. in accordance with this Application and the resulting contract. | | | | |
| 0001AA | Base Period: 1 Oct 01 through 30 Sep 02 | 2088 | HRS | \$ _____ | \$ _____ |
| 0002AA | On Call Services NTE | 960 | HRS | \$ _____ | \$ _____ |
| 0001AB | Option Period I: 1 Oct 02 through 30 Sep 03 | 2088 | HRS | \$ _____ | \$ _____ |
| 0002AB | On Call Services NTE | 960 | HRS | \$ _____ | \$ _____ |
| 0001AC | Option Period II: 1 Oct 03 through 30 Sep 04 | 2096 | HRS | \$ _____ | \$ _____ |
| 0002AC | On Call Services NTE | 960 | HRS | \$ _____ | \$ _____ |
| 0001AD | Option Period III: 1 Oct 04 through 30 Sep 05 | 2088 | HRS | \$ _____ | \$ _____ |
| 0002AD | On Call Services NTE | 960 | HRS | \$ _____ | \$ _____ |
| 0001AE | Option Period IV: 1 Oct 05 through 30 Sep 06 | 2080 | HRS | \$ _____ | \$ _____ |
| 0002AE | On Call Services: NTE | 960 | HRS | \$ _____ | \$ _____ |

Printed Name _____

Signature _____ Date _____

| <p style="text-align: center;"><i>ATTACHMENT 3</i></p> <p style="text-align: center;"><i>ATTACHMENT 005 - LIST OF ACCEPTABLE DOCUMENTS THAT ESTABLISH IDENTITY AND EMPLOYMENT ELIGIBILITY</i></p> | | | |
|--|------------------|---|---|
| <i>LIST A</i> Documents that Establish Both Identity and Employment Eligibility | <i>OR</i> | <i>LIST B</i> Documents that Establish Identity | <i>LIST C</i> Documents that Establish Employment Eligibility |
| <ol style="list-style-type: none"> 1. U. S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561) 3. Certificate of Naturalization (INS Form N-550 or N-570) 4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551) 6. Unexpired Temporary Resident Card (INS Form I-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. Unexpired Reentry Permit (INS Form I-327) 9. Unexpired Refugee Travel Document (INS Form I-571) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B) | | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies of entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. U.S. Social Security Card issued by the Social Security Administration (other than a card stating it is not valid for employment) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (INS Form I-197) 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) 7. Unexpired employment authorization document issued by the INS (other than those listed under List A) |

ATTACHMENT 4

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

CENTRAL CONTRACTOR REGISTRATION INFORMATION:

Date CCR application was submitted: _____

Assigned DUN & BRADSTREET #: _____

Assigned CAGE Code: _____

ATTACHMENT 5

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____